

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

COMMITTEE TO ELECT FRED HORNE

ADDRESS (number and street)

570 S. DECTUR BLVD

Check if different
than previously
reported. (ACC)

LAS VEGAS

NV

89107

2. FEC IDENTIFICATION NUMBER ▼

C

C00613323

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NV

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
06 / 14 / 2016in the
State of

NV

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2016

through

M M / D D / Y Y Y Y
05 / 25 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer FREDDY A HORNE

Signature of Treasurer

FREDDY A HORNE

[Electronically Filed]

Date

M M / D D / Y Y Y Y
05 / 29 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

COMMITTEE TO ELECT FRED HORNE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3670.00	3670.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3670.00	3670.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23942.49	30987.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	23942.49	30987.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3420.82	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	30738.55	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 39

Write or Type Committee Name

COMMITTEE TO ELECT FRED HORNE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

3450.00

3450.00

(ii) Unitemized

220.00

220.00

(iii) TOTAL of contributions from individuals ▶

3670.00

3670.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3670.00

3670.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

173.93

30738.55

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

173.93

30738.55

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

3843.93

34408.55

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 39

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23942.49	30987.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	23942.49	30987.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23519.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3843.93
25. SUBTOTAL (add Line 23 and Line 24).....	27363.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23942.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3420.82

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 39

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FRED HORNE

Full Name (Last, First, Middle Initial)

Barry W. Becker

Mailing Address 2012 Irrevocable Trust. E

City

Las Vegas

State

NV

Zip Code

89107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Un-Known

Occupation

Un-Known

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 01 / 2016

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period

2700.00

☐ Memo Item

In-kind - Rent space donation

Full Name (Last, First, Middle Initial)

Marcus Berg

Mailing Address 11060 Turlington Ln

City

Las Vegas

State

NV

Zip Code

89135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Un-Known

Occupation

Un-Known

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period

500.00

☐ Memo Item

Donation

Full Name (Last, First, Middle Initial)

William O'Donnell

Mailing Address 2780 S. Jones Blvd. #210

City

Las Vegas

State

NV

Zip Code

89146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Un-Known

Occupation

Un-Known

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

250.00

☐ Memo Item

Donation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

3450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 39

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FRED HORNE

Full Name (Last, First, Middle Initial)

FREDDY A HORNE

Mailing Address 5658 NEW SEABURY CT

City

LAS VEGAS

State

NV

Zip Code

89122

FEC ID number of contributing
federal political committee.

C H6NV01224

Name of Employer

None

Occupation

None

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

30594.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA13A.4172

Amount of Each Receipt this Period

30.00

☐ Memo Item
CD-1 Maps

Full Name (Last, First, Middle Initial)

FREDDY A HORNE

Mailing Address 5658 NEW SEABURY CT

City

LAS VEGAS

State

NV

Zip Code

89122

FEC ID number of contributing
federal political committee.

C H6NV01224

Name of Employer

None

Occupation

None

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

30647.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Transaction ID : SA13A.4169

Amount of Each Receipt this Period

52.72

☐ Memo Item
MajicJack Phone Services

Full Name (Last, First, Middle Initial)

FREDDY A HORNE

Mailing Address 5658 NEW SEABURY CT

City

LAS VEGAS

State

NV

Zip Code

89122

FEC ID number of contributing
federal political committee.

C H6NV01224

Name of Employer

None

Occupation

None

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

30707.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2016

Transaction ID : SA13A.4170

Amount of Each Receipt this Period

60.00

☐ Memo Item
CD-1 Maps

SUBTOTAL of Receipts This Page (optional).....

142.72

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FRED HORNE

Full Name (Last, First, Middle Initial)

FREDDY A HORNE

Mailing Address 5658 NEW SEABURY CT

City

LAS VEGAS

State

NV

Zip Code

89122

FEC ID number of contributing
federal political committee.

C H6NV01224

Name of Employer

None

Occupation

None

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

30708.55

Date of Receipt

04 / **22** / **2016**

Transaction ID : SA13A.4173

Amount of Each Receipt this Period

1.21

☐ Memo Item
☐ Office Supplies

Full Name (Last, First, Middle Initial)

FREDDY A HORNE

Mailing Address 5658 NEW SEABURY CT

City

LAS VEGAS

State

NV

Zip Code

89122

FEC ID number of contributing
federal political committee.

C H6NV01224

Name of Employer

None

Occupation

None

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

30738.55

Date of Receipt

04 / **29** / **2016**

Transaction ID : SA13A.4171

Amount of Each Receipt this Period

30.00

☐ Memo Item
☐ Clark County Board of Elections

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / **D D** / **Y Y Y Y Y Y**

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

31.21

TOTAL This Period (last page this line number only).....

173.93

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FRED HORNE

Full Name (Last, First, Middle Initial)

A. Battle Born Radio

Mailing Address 6725 Via Austi Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

City	State	Zip Code
Las Vegas	NV	89119

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Advertising - RadioCategory/
Type☐ Memo Item

Transaction ID : SB17.4270

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Barry W. Becker

Mailing Address 2012 Irrevocable Trust. E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2016

City	State	Zip Code
Las Vegas	NV	89107

Amount of Each Disbursement this Period

2700.00

Purpose of Disbursement
In-kind - Rent space donationCategory/
Type☐ Memo Item

Transaction ID : SB17.4188

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Becker Interprises

Mailing Address 50 S. Jones Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

City	State	Zip Code
Las Vegas	NV	89107

Amount of Each Disbursement this Period

3078.56

Purpose of Disbursement
Office RentCategory/
Type☐ Memo Item

Transaction ID : SB17.4221

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6278.56

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FRED HORNE

Full Name (Last, First, Middle Initial)

A. Charelsston Heights Shopping Center LLC

Mailing Address 50 S. Jones Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

City	State	Zip Code
Las Vegas	NV	89107

Amount of Each Disbursement this Period

838.56

Purpose of Disbursement
Utilities Common AreaCategory/
Type☐ Memo Item

Transaction ID : SB17.4272

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Mick Coggins

Mailing Address 409 E Rolly St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

City	State	Zip Code
Henderson	VA	89011

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Day Labor ServicesCategory/
Type☐ Memo Item

Transaction ID : SB17.4252

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Mick Coggins

Mailing Address 409 E Rolly St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

City	State	Zip Code
Henderson	NV	89011

Amount of Each Disbursement this Period

289.00

Purpose of Disbursement
Mike Coggins Campaign workerCategory/
Type☐ Memo Item

Transaction ID : SB17.4276

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1377.56

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FRED HORNE

Full Name (Last, First, Middle Initial)

A. Mick Coggins

Mailing Address 409 E Rolly St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

City	State	Zip Code
Henderson	NV	89011

Amount of Each Disbursement this Period

521.32

Purpose of Disbursement
Mick CogginsCategory/
Type☐ Memo Item

Transaction ID : SB17.4277

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

B. Mick Coggins

Mailing Address 409 E Rolly St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

City	State	Zip Code
Henderson	NV	89011

Amount of Each Disbursement this Period

460.00

Purpose of Disbursement
Mick Coggins Campaign workCategory/
Type☐ Memo Item

Transaction ID : SB17.4340

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

C. Mick Coggins

Mailing Address 409 E Rolly St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2016

City	State	Zip Code
Henderson	NV	89011

Amount of Each Disbursement this Period

537.50

Purpose of Disbursement
Campaign Exp: ConsultantCategory/
Type☐ Memo Item

Transaction ID : SB17.4353

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1518.82

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FRED HORNE

Full Name (Last, First, Middle Initial)

A. Dane & Asc

Mailing Address PO Box 1058

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

City	State	Zip Code
Front Royal	VA	22630

Amount of Each Disbursement this Period

Purpose of Disbursement
Advertising List

1600.00

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB17.4194**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Melissa Gokmogol

Mailing Address 10040 W. Cheyenne Av. #170

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

City	State	Zip Code
Las Vegas	NV	89129

Amount of Each Disbursement this Period

Purpose of Disbursement
Consulting Service

1500.00

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB17.4229**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Gricelda Vicario

Mailing Address 600 N. Michigan Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

City	State	Zip Code
Chicago	IL	60611

Amount of Each Disbursement this Period

Purpose of Disbursement
Web Site and Advertising

1000.00

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB17.4217**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4100.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FRED HORNE

Full Name (Last, First, Middle Initial)

A. Gricelda Vicario

Mailing Address 776 S.Coles Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2016

City	State	Zip Code
Chicago	IL	60649

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Campaign Web Site monthly chargeCategory/
Type☐ Memo Item

Transaction ID : SB17.4302

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2700 Coast Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

City	State	Zip Code
Mountain View	CA	94043

Amount of Each Disbursement this Period

216.27

Purpose of Disbursement
Office ChecksCategory/
Type☐ Memo Item

Transaction ID : SB17.4260

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. MoonShadow Software Svc

Mailing Address 44 West Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

City	State	Zip Code
Eugene	OR	97401

Amount of Each Disbursement this Period

2110.00

Purpose of Disbursement
Software ConsultingCategory/
Type☐ Memo Item

Transaction ID : SB17.4235

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2826.27

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FRED HORNE

Full Name (Last, First, Middle Initial)

A. Kisha Morrissey

Mailing Address 3508 Old Course St.

City	State	Zip Code
Las Vegas	NV	89122

Purpose of Disbursement
Kisha Morrissey Campaign Walker

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

Amount of Each Disbursement this Period

205.00

☐ Memo Item

Transaction ID : SB17.4342

B. Kisha Morrissey

Full Name (Last, First, Middle Initial)

Mailing Address 3508 Old Course St.

City	State	Zip Code
Las Vegas	NV	89122

Purpose of Disbursement
Kisha Morrissey Campaign Walker

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

405.00

☐ Memo Item

Transaction ID : SB17.4354

c. M Printing & Signs Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 4132 S. Rainbow Ste 214

City	State	Zip Code
Las Vegas	NV	89103

Purpose of Disbursement
Reprint Additional Brochures

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2016

Amount of Each Disbursement this Period

865.18

☐ Memo Item

Transaction ID : SB17.4300

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1475.18

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FRED HORNE

Full Name (Last, First, Middle Initial)

A. Red Eye Graphix

Mailing Address 6038 Topaz St.

City	State	Zip Code
Las Vegas	NV	89120

Purpose of Disbursement
Advertising Signs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

Amount of Each Disbursement this Period

464.85

☐ Memo Item

Transaction ID : SB17.4227

B. Silver State Radio

Mailing Address 6725 Via Austi Parkway

City	State	Zip Code
Las Vegas	NV	89119

Purpose of Disbursement
Advertising - Radio

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.4283

c. Silver State Radio LLC

Mailing Address 6725 Via Austi Parkway

City	State	Zip Code
Las Vegas	NV	89119

Purpose of Disbursement
Broadcast Radio

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.4293

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1464.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT FRED HORNE

Full Name (Last, First, Middle Initial)

A. Tim Castillo Graphics

Mailing Address 2660 Batelli Ct.

City	State	Zip Code
Las Vegas	NV	89121

Purpose of Disbursement
Web Site work - Rejected

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

315.00

☐ Memo Item

Transaction ID : SB17.4211

B. We Influence Now W.I.N LLC

Mailing Address 8031 Palace Monaco St.

City	State	Zip Code
Las Vegas	NV	89117

Purpose of Disbursement
Consulting Service

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2016

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Transaction ID : SB17.4233

C. We Influence Now W.I.N LLC

Mailing Address 8031 Palace Monaco St.

City	State	Zip Code
Las Vegas	NV	89117

Purpose of Disbursement
Campaign Literature Distribution

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

192.00

☐ Memo Item

Transaction ID : SB17.4294

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1407.00

20448.24

SCHEDULE C (FEC Form 3)
LOANS

PAGE 16 OF 39

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4103

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="183.84"/>	<input type="text" value="0.00"/>	<input type="text" value="183.84"/>

TERMS

Date Incurred

 / /

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding: **SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 17 OF 39

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4104

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="756.70"/>	<input type="text" value="0.00"/>	<input type="text" value="756.70"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 39

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4105

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="176.26"/>	<input type="text" value="0.00"/>	<input type="text" value="176.26"/>

TERMS

Date Incurred

 / /

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4106

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="540.75"/>	<input type="text" value="0.00"/>	<input type="text" value="540.75"/>

TERMS

Date Incurred

 / /

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4107

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="60.00"/>	<input type="text" value="0.00"/>	<input type="text" value="60.00"/>

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 16 / 2016

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 21 OF 39

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4108

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="60.00"/>	<input type="text" value="0.00"/>	<input type="text" value="60.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4109

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="300.00"/>	<input type="text" value="0.00"/>	<input type="text" value="300.00"/>

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 17 / 2016

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4110

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1332.09	0.00	1332.09

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 18 / Y 2016	M / D / Y 12/31/2016	3.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	1332.09
TOTALS This Period (last page in this line only).....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4111

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan

216.29

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

216.29

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 18 / 2016

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

3.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

216.29

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 25 OF 39

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4112

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2029.50	0.00	2029.50

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 21 / Y 2016	M / D / Y 12/31/2016	3.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

2029.50

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4113

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="500.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>	<input type="text" value="12/31/2016"/>	<input type="text" value="3.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="250.00"/>	<input type="text" value="0.00"/>	<input type="text" value="250.00"/>

TERMS

Date Incurred

 / /

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4115

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="26.28"/>	<input type="text" value="0.00"/>	<input type="text" value="26.28"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>	<input type="text" value="12/31/2016"/>	<input type="text" value="3.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="26.28"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4116

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="200.00"/>	<input type="text" value="0.00"/>	<input type="text" value="200.00"/>

TERMS

Date Incurred

 / /

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4117

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="23717.12"/>	<input type="text" value="0.00"/>	<input type="text" value="23717.12"/>

TERMS

Date Incurred

 / /

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4118

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan

126.18

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

126.18

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 23 / 2016

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

3.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

126.18

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4119

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="34.50"/>	<input type="text" value="0.00"/>	<input type="text" value="34.50"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2016"/>	<input type="text" value="12/31/2016"/>	<input type="text" value="3.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="34.50"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4120

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="15.12"/>	<input type="text" value="0.00"/>	<input type="text" value="15.12"/>

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 26 / 2016

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4121

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="39.99"/>	<input type="text" value="0.00"/>	<input type="text" value="39.99"/>

TERMS

Date Incurred

 / /

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4172

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="30.00"/>	<input type="text" value="0.00"/>	<input type="text" value="30.00"/>

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 01 / 2016

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4169

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="52.72"/>	<input type="text" value="0.00"/>	<input type="text" value="52.72"/>

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 04 / 2016

Date Due

M M / D D / Y Y Y Y Y Y
12/31/2016

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

<input type="text" value="52.72"/>
<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4170

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="60.00"/>	<input type="text" value="0.00"/>	<input type="text" value="60.00"/>

TERMS

Date Incurred

 / /

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 38 OF 39

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4173

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="1.21"/>	<input type="text" value="0.00"/>	<input type="text" value="1.21"/>

TERMS

Date Incurred

 / /

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

<input type="text" value="1.21"/>
<input type="text" value=""/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 39 OF 39

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4171

COMMITTEE TO ELECT FRED HORNE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDDY A HORNE

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5658 NEW SEABURY CT

City	State	ZIP Code
LAS VEGAS	NV	89122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="30.00"/>	<input type="text" value="0.00"/>	<input type="text" value="30.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

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